

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** January 16, 2003

**RE: MDR Tracking #:** M2-03-0509-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an anesthesiologist and pain management physician reviewer who is board certified in anesthesiology and pain management. The anesthesiologist and pain management physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

This forty-one year old lady has cervical pain that occurred after a motor vehicle accident in \_\_\_\_\_. In July of 2001 she had an injury at work which aggravated the neck pain. She also has low back pain. The claimant has failed conservative measures including epidural steroid injections and facet injections. No radiographic reports are included for review, but the doctor states that the claimant has cervical degenerative discogenic disease with posterior bulging at C4-5 impinging and slightly compressing the spinal cord and mild asymmetric disc bulge at C3-4 impinging slightly the spinal cord and mild bulge at C5-6 impinging the thecal sac.

### **Requested Service(s)**

The request is for diagnostic cervical discography with CT scan to follow.

### **Decision**

I agree with the insurance carrier that the above services are not medically necessary.

### **Rationale/Basis for Decision**

Discography in the lumbar region is established as a definitive test to determine the pain generator to guide future treatment. This rationale has been applied to cervical discography with mixed results. There are conflicting reports in literature regarding the efficacy of cervical discography. I believe that cervical discography has its place and can be useful in guiding future

treatment. Without the report of a CT/Myelogram, I am basing my decision on information that was provided in the doctors records. He indicates that there is three level cervical degenerative disc disease with cord impingement at C3-4 and C4-5 and thecal sac impingement at C5-6. These findings are adequate to explain the claimant's continued pain complaints. Diagnostic discography would not impact the treatment rendered to this claimant. If surgical treatment is considered, a three level fusion would be necessary. . Even if one level were determined to be the pain generator on discography, there is degeneration at the adjacent level and a single level fusion would only accelerate the degeneration of the adjacent degenerated disc. Therefore, I see no reason for a diagnostic discography.

This decision by the IRO is deemed to be a TWCC decision and order.

## **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (pre-authorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,